

Arts-in-Education Programs Application Form

Fiscal Year 2011 (July 1, 2010 - June 30, 2011)

(Round All Monies to the Nearest Dollar)

Check One:

☐ **Kansas Learning Program** ☐ **Kansas Arts Education Leadership Program**

Applicant Information

Organization Name: _____
Mailing Address: _____
City/County/State: _____
Nine-digit Zip Code: _____
Telephone: _____
Website Address: _____

Federal Employer Identification Number (FEIN): _____
DUNS Number: _____
State Agency Number, if applicable: _____
State Legislative District (House) Number: _____
State Legislative District (Senate) Number: _____
Congressional District (U.S. House) Number: _____

Authorizing Official Name: _____ **Title:** _____
(Executive director, board chairman or board president)
Project Director: _____ **Title:** _____

Business Phone: _____ **Home Phone:** _____
E-mail Address: _____ **Fax Number:** _____

Organizational Status

Is this organization:
☐ Nonprofit (Date established: _____)
☐ City/County Government Agency
☐ State Agency
☐ Other: _____

Is the organization multi-cultural? *(see All Applicants for definitions)* ☐ Yes ☐ No

Is the organization registered as a foreign corporation: ☐ Yes ☐ No
If yes, please provide date of Kansas registration: _____ and provide physical address
(not Kansas address): _____

Please fill in the spaces below with the income/expense data from the applicant's most recent fiscal year:

Dates (MM/DD/YY): _____ to _____
Cash Operating Income: \$ _____
Cash Operating Expenses: \$ _____

If operating income and expenses differ, please submit a note explaining the difference. If there is a deficit, please explain how the deficit will be managed.